

Case Number:	CM14-0152377		
Date Assigned:	09/22/2014	Date of Injury:	04/23/2012
Decision Date:	10/23/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45-year-old female who reported an injury on 04/23/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included spinal cord injury, carpal tunnel syndrome, and peripheral neuropathy. The previous treatments included medications, steroid injections, and physical therapy. Within the clinical note dated 08/11/2014, it was reported the injured worker complained of neck pain, bilateral wrist pain, and bilateral hand pain. Upon the physical examination, the provider noted the cervical spine had restricted range of motion with flexion at 30 degrees and extension at 20 degrees. The injured worker had a positive Spurling's maneuver, which elicited pain in the muscles of the neck but no radicular pain. There was a positive Phalen's and Tinel's signs noted. The provider requested Dilaudid. However, a rationale was not submitted for clinical review. The request for authorization was submitted and dated 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Dilaudid 4 mg #84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The request for Dilaudid 4 mg, #84, is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen and inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.